

PAYROLL DIRECT DEPOSIT FORM

(Check one) New ☐
Change ☐
Cancel ☐

I _____, request and authorize the **Montague Retirement System**, to make a credit entry to the below bank and indicated account.

Bank Name: _____

Address: _____

Phone: _____

Account: Checking Account No. _____ Net Check
(Choose One)
 Savings Account No. _____ Net Check

Retirees Signature: _____ Date: _____

Cancellation: I wish to cancel my direct payroll deposit. ☐

Attach a voided check showing Bank Routing Number and Account Number and return this form to:

**Montague Retirement System
One Avenue A
Turners Falls, MA 01376
(413) 863-3200 ext. 111**